

# MMIS Paper Distribution Reports

EXCEL REPORT	CSHS CLAIMS PAYMENT REPORT
HC01802	SWITCH CLASS PERFORMANCE REPORT
HC6855AA	UNMATCHED RECORDS REPORT
HC6856AA	UPDATE APPROPRIATION REPORT
HCFAR144	MEDICAID DRUG REBATE INVOICE
HESMA345	CONTROL REPORT REPORT MA345//CLIENTS ASSIGNED PCP NO LONGER ENROLLED
HESTP110	REFERRED TO TPL UNIT
HESTP140	OPEN AF/MA CASES WITH MAJOR MEDICAL COVERAGE OTHER THAN BCBS
HESTP150	OPEN AF/MA CASES WITH BCBS MAJOR MEDICAL COVERAGE
HESTP160	TOTAL NUMBER OF CLIENTS FOR EACH CARRIER NUMBER
SB1010AA	INPUT DD CLAIM LIST
SB1020AA	INVALID INPUT REPORTS
SB1020BB	ROLLING TXN COUNT
SB1020CC	CLAIM COUNT
SB1030AA	ACTIVATION ACCEPTANCE REPORT
SB1030BB	INVALID INPUT
SB1030CC	RECYCLE CLAIMS
SB1030DD	MISSING CLAIMS
SB1030EE	TOTAL CLAIMS COUNT
SB1030FF	CLAIMS RECEIVED REPORT
SB1032AA	INPUT CLAIMS
SB1041BB	UNTITLED
SB1041CC	UNTITLED
SB1041DD	UNTITLED
SB1042AA	ERROR CLAIMS
SB1042BB	PART B ACCEPTED CLAIMS
SB1042CC	CLAIM TOTALS
SB1042DD	RECONSIDERED CLAIMS
SB1043AA	CLAIMS IN ERROR
SB1043BB	SOUTH CAROLINA PART A CROSS OVER
SB1045AA	DIRECT UB92 INPUT FILE PRINT - CLAIMS REPORT
SB1070AA	CLAIMS TRANSACTION REPORT INPUT DATA
SB1070BB	SUSPENSE CORRECTION/RELEASE EXCEPTION REPORT - CORRECTION RELEASE DA
SB1070CC	PROGRAM PROCESS SUMMARY
SB1090AA	ELIGIBILITY PROCESSING SUMMARY
SB1090BB	DECEASED RECIPIENT LISTING
SB1130AA	REASONABLE CHARGE CONTROL REPORT
SB1130BB	FREQUENCY DISTRIBUTION
SB1130CC	PROCESS SUMMARY
SB1141AA	HCBC ELDERLY/DISABLED CLAIMS
SB1160AA	DME UNPRICED CODES
SB1160BB	UNTITLED
SB1160CC	UNTITLED
SB1189AA	TURNAROND (SB1189AA)
SB1190AA	PRIOR AUTHORIZATION ACTION LISTING
SB1200AA	SELECT ACTIVITY
SB1209AA	PREPAY UTILIZATION GENERAL EDIT ERROR
SB1210BB	PRE-PAYMENT UTILIZATIONS REVIEW ADJUSTMENTS EXTRACTIONS
SB1210CC	PROCESS SUMMARY
SB1219AA	DATA SHEET EXTRACTIONS
SB1219BB	PROCESS REPORT
SB1219EE	PROCESS SUMMARY
SB1220AA	EXTRACT REPORT
SB1230AA	RECIPIENT DATA SHEET
SB1230BB	PROCESS SUMMARY
SB1239AA	RECIPIENT DATA SHEET
SB1239BB	PROCESS SUMMARY
SB1275AA	RECIPIENT LIABILITY
SB1278AA	CLAIMS WITH RECIPIENT LIABILITY NOT TAKEN
SB1330AA	DAILY ACTIVITY REPORT

## MMIS Paper Distribution Reports

SB1330FF	SUSPENSE FILE DELETION REPORT
SB1330HH	CLAIM AGING REPORT
SB1330II	INELIGIBILITY CLAIM CREDITS
SB1339FF	SUSPENSE FILE DELETION REPORT
SB1339HH	CLAIM AGING REPORT
SB1339II	INELIGIBLE CLAIM CREDITS
SB1360AA	SUSPENDED CLAIMS REPORT
SB1370AA	PROVIDER SUMMARY
SB1370BB	WTD APPROVED-TO-PAY SUMMARY BY CLAIM CATEGORY
SB1370CC	DAILY APPROPRIATIONS BY PROGRAM
SB1370DD	PROCESS SUMMARY
SB1380BB	SUSPENSE LISTING PROVIDER
SB1390AA	AGING OF OPEN CLAIMS
SB1390BB	RESOLUTION WORK SHEETS
SB1399AA	AGING OF OPEN CLAIMS
SB1399BB	RESOLUTION WORKSHEETS
SB1430AA	DUPLICATE RECS REPORT
SB1471AA	RESPONSE TO PROVIDER REQUEST
SB1473AA	REPORT OF DUPLICATE PRIOR AUTHORIZATIONS
SB1485AA	ADD CONTROL REPORT
SB1510AA	PROCESS SUMMARY REPORT
SB1510BB	PROCESS SUMMARY REPORT
SB1530BB	MESSAGE MASTER FILE LISTING
SB1538	MESSAGE MASTER FILE LISTING
SB1550DD	PROVIDERS NT RECEIVING 1099 LIST
SB1559AA	UNTITLED
SB1565AA	SB1565AA-NON PHYSICAL COUNTY MATCH CODE REPORT
SB1570CC	PROCESS SUMMARY
SB1580BB	UNMATCHED CASES TO COUNTY VOUCHER FILE
SB1605AA	CLAIMS SUBMITTED TO BCBS
SB1623BB	HEALTHY STEPS NO FC
SB1680AA	DELETE LIST
SB1710AA	UNTITLED
SB1716AA	HMO RECIPIENTS BY PHYSICIAN
SB1716BB	RETRO PAYOUTS & RECOUP
SB1718AA	ENROLLEE DRUG CLAIMS
SB1719AA	HMO RECIPIENT ENROLLMENT REPORT
SB1729AA	ERROR REPORT
SB1739AA	ERROR REPORT
SB1770AA	PCP IN HMO COUNTIES - YEARLY HMO - PCP ENROLLMENT
SB1771AA	PCP IN HMO COUNTIES - MONTHLY HMO - PCP ENROLLMENT
SB1772AA	HMO/PCP SERVICE COST REPORT
SB1773AA	YEARLY HMO CAPITATION REPORT
SB1773BB	MONTHLY HMO CAPITATION BREAKDOWN
SB1774AA	MONTHLY HMO-PCP COST SUMMARY - ALL CLAIMS
SB1774BB	MONTHLY HMO-PCP COST SUMMARY - INPATIENT CLAIMS
SB1774CC	OUTPATIENT CLAIMS
SB1774DD	PHYSICIAN CLAIMS
SB1774EE	MONTHLY HMO-PCP COST SUMMARY - LAB & X-RAY CLAIMS
SB1774FF	MONTHLY HMO-PCP COST SUMMARY - DRUG CLAIMS
SB1774GG	OTHER CLAIMS
SB1775AA	MONTHLY HMO HIGH RISK ENROLLEES
SB1781AA	QUARTERLY HMO TPL ENROLLMENT
SB1782AA	QUARTERLY UTILIZATION AMBULATORY CARE
SB1783AA	QUARTERLY UTILIZATION INPATIENT CARE
SB1784AA	PRENATAL VISITS
SB1784BB	PAP SMEARS
SB1784CC	MAMMOGRAPHY
SB1784DD	DIABETES CARE
SB1784EE	ASTHMA CARE

## MMIS Paper Distribution Reports

SB1784FF	SUMMARY REPORT
SB1785CC	MEDICAL CLAIMS DENIED - SUSPENDED PRIOR MONTH
SB1790AA	PROCESSING SUMMARY
SB1810AA	REOMBS REPORT LASER PRINT
SB1810BB	SB18102X//SUMMARY
SB1850AA	PROCESS SUMMARY
SB1855AA	DRG MANAGEMENT REPORT
SB185IAA	TPL TRAUMA RECIPIENT MAILING
SB1860AA	PROCESS SUMMARY
SB1870BB	MASS ADJUSTMENT SELECTION REPORT
SB1880BB	PROCESSING SUMMARY REPORT
SB1890BB	NON-INSTITUTION REASONABLE CHARGE
SB1890EE	SUSPECT TPL/OI PULL LISTING
SB1890EF	REPORT SELECTOR BB CC EE FF JJ
SB1890JJ	CLAIM TYPE SUMMARY
SB1899AA	TOTALS BY CARRIER
SB1910AA	COST SETTLEMENT SUMMARY FOR FISCAL YEAR
SB1910DD	DRG COST SETTLEMENT SUMMARY FOR FISCAL YEAR
SB1975AA	WELL CHILD REPORT
SB1975BB	IMMUNIZATION REPORT
SB1991BB	PROVIDERS NOT RECEIVING 1099 LIS
SB1991CC	COST EFFECTIVE HEALTH INSURANCE AND Q12 CASES FOR CHECKS DATED (DATE)
SB1999BB	PROVIDERS NOT RECEIVING A 1099 FORM FOR CHECKS DATED (DATE)
SB1J806	ENROLLMENT AND CLAIMS DATA FOR ALL 53 COUNTIES AND STATE-WIDE
SB2006AA	DSH REPORT
SB2010	MARS TAPE SPLIT TRANSACTION SUMMARY
SB2050AA	PROCESS SUMMARY RPT
SB2100CC	TRANSATCTION REGISTER
SB2100FF	PROCESS SUMMARY REPORT
SB2110BB	PROGRAM PROCESS SUMMARY
SB2150AA	QUARTERLY ANALYSIS OF MEDICAL SERVICES
SB2170AA	RECIPIENT COST SHARING
SB2240AA	UNTITLED
SB2245AA	TPL COST AVOID REPORT
SB2264AA	CHIP NUMBER OF CHILDREN SERVED RELATED TO CHIP (MEDICAID EXPANSION)
SB2264BB	CHIP NUMBER OF CHILDREN SERVED
SB2270AA	MEDICARE DEDUCTIBLE/CO-INSURANCE REPORT
SB2295AA	HUMAN SERVICES CENTER CASE MANAGEMENT BREAKOUT
SB2340AA/II	PROCESS SUMMARY
SB2400AA	PROGRAM PROCESS SUMMARY
SB2440AA	PROGRAM PROCESS SUMMARY
SB2440BB	CATEGORY OF SERVICE TRANS REQUEST
SB2480AA	MEDICAL ASSISTANCE PROGRAM STATUS
SB2480BB	FINANCIAL SUMMARY
SB2480CC	EXPENDITURE ANALYSIS
SB2480FF	OPERATIONAL PERFORMANCE SUMMARY
SB2540CC	PROGRAM PROCESS SUMMARY
SB2608M2	PAYMENT HISTORY
SB2609M2	CASE HISTORY
SB261010	HEALTHY STEPS INDIVIDUAL ELIGIBLE FOR (MONTH)
SB261020	HEALTHY STEPS INDIVIDUAL ELIGIBLE FOR (MONTH)
SB261030	HEALTHY STEPS INDIVIDUAL ELIGIBLE FOR (MONTH)
SB2618AA	UNTITLED
SB2620AA	APPROVAL NOTICES
SB2621AA	STATUS NOTICES
SB2622AA	YEARLY RENEWAL NOTICES
SB2623AA	CO-PAY RECEIPTS NO FC
SB2640AA	NOT ON FC
SB2680AA	NOT ON FC
SB2680BB	NOT ON FC

## MMIS Paper Distribution Reports

SB2740AA	PROGRAM PROCESS SUMMARY
SB2810AA	PROGRAM PROCESS SUMMARY
SB2820AA	DUMMIED OUT//SERVICE ELIGIBILITY
SB2820BB	UNTITLED
SB2840CC	PROGRAM PROCESS SUMMARY
SB2890AA	CRIPPLED CHILDREN SERVICES BY DI
SB3540AA	DUMMIED OUT
SB3540BB	DUMMIED OUT
SB3540CC	PROCESS SUMMARY
SB4000AA	ERROR LISTING REPORT
SB4405BB	PROVIDERS EXEMPT FROM DRUG REBATE HISTORY
SB4409AA	ADJUSTED CLAIMS WITH CHANGED FIELDS
SB4411AA	FINANCIAL TRANS IN ERROR RPT
SB4412CC	NOTICES
SB4412DD	SUMMARY OF LABELERS LETTERS SENT - 30 (60, 90, 120) DAY NOTICE REPOR
SB4412EE	60 DAY NOTICES
SB4412FF	90 DAY NOTICES
SB4412GG	120 DAY NOTICES
SB4425AA	MANUFACTURERS DRUG REBATE QUARTERLY PAST DUE REPORT - BALANCES OVER
SB4444AA	TOTAL RECORDS REPORT
SB4450AADD	CREATES MICROFICHE
SB4450CC	LEVEL 3 PRICING MASTER MAINTENANCE AUDIT LIST
SB4450FF	MASTER MAINTENANCE AUDIT LISTS
SB4600AA	LEVEL 1 PROFILE UPDATE
SB4600AALL	LEVEL 1 PROFILE UPDATE
SB4600EE	LEVEL 3 PROFILE UPDATE
SB5050AA	PROVIDERS CHANGED LIST
SB5114AA	NSC DME PROVIDER FILE DATA
SB5155AA	LIST OF UPDATES
SB5500AA	NURSING HOME CENSUS DATA REPORT
SB5507AA	NOT ON SS OR FC
SB5508AA	UNTITLED
SB5509AA	UNTITLED
SB5560AA	SKILLED CARE REPORT
SB5560AA	NURSING FACILITY REPORTS
SB5560BB	ICF/MR CARE REPORTS
SB5560CC	ICF CENSUS DATA
SB5570AA	INDIVIDUAL PROVIDER CENSUS REPORT (DETAIL FOR SB5560AA)
SB5570BB	INDIVIDUAL PROVIDER CENSUS REPORT
SB5570CC	ICF/MR INDIVIDUAL PROVIDER CENSUS
SB5900BB	SOCIAL SERVICE BOARD OF ND MASTER LIST
SB6050AA	UNTITLED
SB6050BB	RECIPIENT REVIEW DUE DATE REPORT
SB6070AA	UNTITLED
SB6160AA	VALIDATION REPORT
SB6162AA	RECORD MODIFIED REPORT
SB6162BB	RECORDS DELETE REPORT
SB6162CC	ERROR REPORT
SB6163AA	CONTROL REPORT
SB6165AA	RESIDENT PROCESSING SUMMARY
SB6166AA	MISSING DISCHARGE NOTICES
SB6167AA	MDS RIGHT TO APPEAL NOTICES
SB6170AA	FACILITY PROCESSING SUMMARY
SB6170BB	LABELS
SB6188AA	MDS JOURNAL REPORT
SB6189AA	SUMMARY JOURNAL REPORT
SB6381AA	MDS CENSUS BY CLASSIFICATION REPORT
SB6384AA	RESIDENT CLASSIFICATION REPORT
SB6415AA	MONTHLY ROLLOVER REPORT
SB6510AA	UNTITLED

# MMIS Paper Distribution Reports

SB6825AA	BASIC CARE ROLLOVER PAYMENT
SB6826AA	RECIPIENT NOTICES
SB6826BB	PROVIDER NOTICES
SB710503AA	UNTITLED
SB710506	DRUG PRICING FILE
SB710507AA	PROCESS SUMMARY
SB710507BB	DRUG PRICING LOG
SB710509AA	UNTITLED
SB710509BB	UNTITLED
SB710512AA	NATIONAL DRUG CODE ERROR REPORT - NDC EDIT REPORT SUMMARY
SB710512CC	DRUG CODE UPDATE ACTIVITY REPORT
SB710535AA	POS RECORDS BEFORE PROCESSING
SB7105641	MISC REPORT AS REQUESTED
SB7105642	OVER @00 DOLLARS BILLED AMOUNT
SB710662AA	SUSPENSE CORRECTION CHARGE RPT
SB9030AA	TURNAROUND DOCUMENTS
SB9040AA	UNTITLED
SB9040BB	PROVIDER LABELS (F106)
SB9043AA	DEPT OF INSTRUCTION//TURNAROUND DOCUMENTS
SB9045AA	CFS TURNAROUND DOCUMENTS
SB9045BB	CFS PROVIDER LABELS (F106)
SB9401AA	UNTITLED
SB9810AA	ANNUAL REPORT ON HOME AND COMMUNITY BASED SERVICES FOR NF
SB9811AA	UNDUPLICATED 1915 WAIVER RECIPIENTS
SBDRIV	MEDICAID DRUG REBATE INVOICE
SS0560AA	LTC RECIPIENTS LIVING IN OUT OF STATE NH
SS0676BB	ADJUSTMENTS PRIOR TO (DATE)
SS0676GG	ADJUSTMENTS PRIOR TO (DATE)
SS0764AA	EOB CODE LIST
SS0J500	MMIS STERILIZATION RECIPIENTS
SS0J501H	REGION (#) CLAIMS FOR (DATE)
SS0J532BV	HUMAN SERVICE CENTER REPORTS
SS0J535F	3 AFFILIATED TRIBES INTENSIVE IN-HOME
SS0J535L	JAMES RIVER CORRECTIONAL FACILITY PHY COUNTY 8
SS0J535W	CHIPS PROGRAM MATCHCODE 18 COS 06
SS0J602T	BASIC CARE (BED HOLD CODE) ACCOM 1 2 3
SS0J613Z	CSHS ZERO PAID CLAIMS FOR (DATE)
SS0J623M	EPSDT PROCEDURE CODE REPORT
SS0J623N	EPSDT PROCEDURE CODE REPORT
SS0J6415	DRG PAYMENTS
SS0J641S	DRG PAYMENTS
SS0J657H	VILLAGE CENTERS REPORT
SS0J657J	INTENSIVE IN HOME - DJS PROV (#), PROC (#)
SS0J657N	FAMILY AIDE PROC (#)
SS0J657O	FAMILY FOCUS
SS0J657P	SED THERAPEUTIC FOSTER CARE PROC (#)
SS0J657Q	RCCF PROC (#)
SS0J657T	TBI WAIVER PAYMENTS
SS0J676A	PAID CLAIMS DOS PRIOR TO (DATE)
SS0J676E	PAID CLAIMS DOS PRIOR TO (DATE)
SS2100BB	CLAIMS PAYMENT STATISTICS MONTHLY REPORT
SS4260AA	FOSTER CARE REPORTS
SS4260BB	FC RPTS EXCLUDING SUBSIDIZED ADOPTION
SS8535AA	COUNTY WAIVER SERVICES WCBC-G SCREEN
SS8535BB	COUNTY WAIVER SERVICES HCBC-L SCREEN
SS853AA	COUNTY WAIVER SERVICES FOR SERVICE CODE G
SS8850AA	FAMILY SUBSIDY PAYMENT REPORT
SS8860AA	FAMILY SUPPORT EXPENDITURE REPORT//G, J & H CODES
SS8860BB	CLIENT NOT FOUND
SS8862AA	EXTENDED SERVICES EXPENDITURE//CODE E & F

## MMIS Paper Distribution Reports

SS8866AA	DD COPAY EXPENDITURE REPORT
SS8868AA	UNTITLED
SSO602T	BASIC CARE (BED HOLD CODE)
SSO608R	FUNCTIONAL ASSEMENT PAYMENTS
SSOJ500	MMIS STERILIZATION RECIPIENTS
SSOJ502	CCS MONTHLY ABSTRACT
SSOJ523B	HUMAN SERVICE CENTER 32315
SSOJ523D	HUMAN SERVICE CENTER 32320
SSOJ523E	HUMAN SERVICE CENTER 54517
SSOJ523F	HUMAN SERVICE CENTER 54522
SSOJ523G	HUMAN SERVICE CENTER 54520
SSOJ523H	HUMAN SERVICE CENTER 33058
SSOJ523I	HUMAN SERVICE CENTER 32318
SSOJ523J	HUMAN SERVICE CENTER 35434
SSOJ523L	HUMAN SERVICE CENTER 54518
SSOJ523M	HUMAN SERVICE CENTER 32316
SSOJ523N	HUMAN SERVICE CENTER 54519
SSOJ523O	HUMAN SERVICE CENTER 32317
SSOJ523P	HUMAN SERVICE CENTER 33057
SSOJ523Q	HUMAN SERVICE CENTER 54516
SSOJ523R	HUMAN SERVICE CENTER 32314
SSOJ523S	HUMAN SERVICE CENTER 33056
SSOJ523V	HUMAN SERVICE CENTER 35201
SSOJ525	MEDICAL ELIGIBILITY. PER MO (R&S
SSOJ535F	3 AFFILIATED TRIBES
SSOJ535G	TARGETED CASE MANAGEMENT
SSOJ535H	DEVELOPMENTAL CENTER
SSOJ535I	HCBC-DD ADULT ED. TRANSACTION
SSOJ535K	SAME AS SSOJ535Y BUT PRINTS AT T145 (KIM #8-6101
SSOJ535W	CHIPS RECIPIENT MC 18 COS 06 12
SSOJ535Y	JAMES RIVER CORRECTIONAL CENTER
SSOJ555	PAYMENT TO IHS PROVIDERS
SSOJ560	LTC RECIPIENT. IN OUT-OF-STATE NURSING FACILITIES
SSOJ613Z	CCS ZERO PAID CLAIMS
SSOJ623J	NOTE: PRODUCES OUTPUT FILE ONLY
SSOJ623K	NOTE: PRODUCES OUTPUT FILE ONLY
SSOJ623L	NOTE: PRODUCES OUTPUT FILE ONLY
SSOJ623M	REPORT ON EPSDT
SSOJ629X	DRUG CLAIMS WITH MAC
SSOJ633	SERVICES/TITLE V GRANTEE
SSOJ653P	NEW PHYSICIAN PROVIDERS SINCE PREVIOUS MONTH
SSOJ657H	VILLAGE CENTERS PROC 02993,94,95
SSOJ657J	INTENSIVE IN-HOME SERVICES DEPT OF JUVENILE SERVICES PROC 05000, PRO
SSOJ657N	FAMILY AIDE PROC 02760
SSOJ657O	FAMILY FOCUS PROC 02761
SSOJ657P	SED - FC PROC 02996
SSOJ657Q	RCCF - PROC 02997
SSOJ657T	TBI WAIVER PAYMENTS
SSOJ669	RDARS - ORTHODONTIA
SSOJ676A	UNTITLED
SSOJ676B	UNTITLED
SSOJ676E	UNTITLED
SSOJ676G	UNTITLED
SSOJ676H	UNTITLED
SSOJ676J	UNTITLED
SSOJ676K	UNTITLED
SSOJ676L	UNTITLED
SSOJ707	ENCOUNTER DATA - PAID CLAIMS
SSOJ707A	ENCOUNTER DATA - DENIED CLAIMS
SSOJ724	ST HOSPITAL SERVICES

# MMIS Paper Distribution Reports

SSOJ764  
ES150030

ERROR CODE LIST  
ELIGIBILITY FILE (SIMULATED ELIGIBILITY) RECORD DATA SHEET